## **Discussion Guide**

## PFAS Fund Advisory Committee Meeting December 12, 2022

Public Law 2021, Chapter 635, Part XX-3 directs DACF to develop and implement a plan that prioritizes funding and implementation of programs that support commercial farms impacted by PFAS contamination. The Department must establish a program to provide short-term assistance to impacted farmers. It may also establish a program to fund long-term assistance to impacted commercial farms and establish a medical testing and monitoring program with the Maine Center for Disease Control and Prevention. The specific statutory language is included on the last page of this Discussion Guide.

In order to shape the programs identified above, members of the PFAS Fund Advisory Committee will be asked to answer the following questions during their December 12, 2022, meeting:

- Should the Fund support applied research to help inform short-term farm management decisions?
- Should the Fund establish a competitive research grant program guided by a research advisory panel?
- Is there a role for the Fund in establishing food safety criteria?
- Are there other research endeavors the Fund should support?
- Should the Fund assume responsibility for the Bureau of Agriculture, Food, and Rural Resource's (BAFRR's) current income replacement program?
- Should the Fund make mortgage payments?
- Should the Fund support infrastructure improvements in excess of BAFRR's cap of \$150,000?
- Should the Fund pay for consultants to help farmers determine how best to move forward, e.g., to develop enterprise budgets for alternative cropping systems?
- Should the Fund establish a program to buy and sell agricultural land contaminated by PFAS?
- Are there other farmer supports that the Fund should pay for?
- Should the Fund pay for blood testing for PFAS when insurance will not cover the full cost?
- Should the Fund support measures to ensure that recommended medical monitoring is provided to people found to have elevated levels of PFAS?
- Should the Fund support access to mental health care?
- Should the Fund support an exposure study to determine how farmers are exposed/impacted differently from the general public?
- Does the Fund have a role to play if/when disease is discovered?
- Should the Fund support other health measures?

Conversations about HOW to implement any priorities advanced by the advisory committee will be reserved for future meetings.

## Proposed definitions

- Short-term: supports that may be provided within the first 12 months after elevated levels of PFAS are discovered
- Long-term: expected to be an ongoing need or something that cannot be resolved within 12 months

Table 1: Research

| Term       | 7 MRSA § 320-K(4)   | <b>Existing Programs</b>                       | Fund could  |                           |
|------------|---|--|---|---------------------------|
| Short-term | Research that supports short-<br>term decision making   | ME CDC & BAFRR                                 | Support "rapid response" applied research. How?                                     |                           |
| Long-term  | Evaluate PFAS testing and data management capacity  | Ongoing and planned research at U-Maine, DACF, | Establish a competitive research grant program                                      |                           |
| Long-term  | Research that quantifies impact of PFAS   | DEP, ME CDC, and elsewhere                     |   | Establish a PFAS Research |
| Long-term  | Research on soil and water remediation systems  |  | Advisory Panel (as recommended in PFAS Study  |                           |
| Long-term  | Research on alternative cropping systems, PFAS uptake, livestock systems for mitigation and remediation, food safety criteria |  | Plan) Should focus be on PFAS identification in the field? Mitigation? Remediation? |                           |
| Long-term  | Long-term monitoring  |  |   |                           |
| Long-term  | Establish food safety criteria  | Multiple federal & state agencies              | Is there a role for the Fund?   |                           |
|            |   |  | Other?  |                           |

**Table 2. Farmer Support** 

| Term                    | 7 MRSA § 320-K(4)  | Existing Programs  | Fund could  |
|-------------------------|--|--|---|
| Short-term              | Income replacement   | BAFRR – payments for up to 1 year's gross income based on losses   | Take over income replacement to allow BAFRR to focus on onsite work   |
| Short-term              | Mortgage payments  | n/a  | Is there a need for this? Would it<br>be in addition to, or instead of,<br>income replacement?  |
| Short- and<br>long-term | Equipment, facilities, and infrastructure  | BAFRR – cap of \$150,000 on infrastructure (e.g., clean feed, new well, new equipment, fencing). Will also pay for testing, filtration of farm water, livestock indemnification. | Support infrastructure projects > \$150K.   |
| Short- and<br>long-term | Enterprise budgets for alternative cropping system, remediation strategies, etc. | BAFRR – limited  | Pay for consultants. What sort of technical advice would help farmers to make business planning decisions? Who are the relevant experts/organizations? (See MFT's business planning programs)   |
| Long-term               | Relocate a commercial farm   | n/a  | Establish program to buy/sell   |
| Long-term               | Buy and sell land<br>contaminated by PFAS  | n/a  | contaminated land. Establish criteria. Considerations include ability to gauge current losses and potential for viable use in the future. Who will hold the land? Monitor/maintain it? Does there need to be a disclosure requirement as part of real estate transfers?  Other? |

Table 3: Health

| Term                    | 7 MRSA § 320-K(4)   | Existing Programs   | Fund could  |
|-------------------------|---|---|---|
| Short- and long-term    | Medical monitoring and medical care                         | NASEM offers guidance but there is no existing coordinated program of testing or monitoring  NASEM advises clinicians to offer PFAS blood testing to patients who are likely to have a history of elevated exposure to PFAS PFAS blood testing is available in Maine through NMS Labs via Quest Diagnostics | Pay for blood testing for underinsured and uninsured individuals  Are there barriers to accessing NMS testing for health care systems that do not use Quest Diagnostics?  Is there a role for the State in providing blood testing services?  Should results from PFAS blood testing be reportable to the State? If so, should the State provide toxicology consults and follow-up to those with elevate blood levels?  Support passage of a law to require insurers to cover the cost of PFAS testing? |
| Short- and<br>long-term | Medical monitoring and medical care                         | NASEM's medical monitoring recommendations can be incorporated into routine medical office visits   | Support measures to ensure that the recommended monitoring is provided to people found to have elevated levels of PFAS?  • Develop/share PFAS educational materials for clinicians?  • Should we weigh in on broader access to health care issues?  |
| Short- and long-term    | Medical monitoring and medical care  Medical monitoring and | Farmer Wellness Grants (UMCE, MOFGA, MFT)   | Support access to mental health care Support an exposure study to   |
| Long-term               | medical care  |   | determine how farmers are exposed/impacted differently from the general public?   |
| Long-term               | Medical monitoring and medical care                         |   | Does the Fund have a role to play if/when disease is discovered?  Other?  |

Table 4. Other

| Term      | 7 MRSA § 320-K(4)  | Existing Programs   | Fund could   |
|-----------|--|---|--|
| Long-term | Educational programs for affected and adjacent landowners; guidance on buying/selling land where sludge or septage have been applied | Need assessment of existing efforts by DACF, Coop. Ext., MFT, MOFGA, etc.   | Develop educational<br>materials based on the<br>Fund's approach to buying &<br>selling PFAS-impacted land |
| Long-term | Marketing to counter potential negative public perception  | Need assessment of existing efforts by DACF, Coop. Ext., MFT, MOFGA, etc.   | Promote Maine agriculture,<br>e.g., work with Real Maine.<br>What else?                                    |
| Long-term | Regional planning  | DACF is engaged in efforts to confront PFAS at regional and national levels | DACF staff will continue to engage in planning efforts   |
|           |  |   | Other?   |

## Public Law 2021, Chapter 635, Part XX-3

(emphasis added)

The Department of Agriculture, Conservation and Forestry, referred to in the section as "the department," shall develop and implement an initial plan that prioritizes funding and implementation of the following programs consistent with the purposes in the Maine Revised Statutes, Title 7, section 320-K, subsection 4...

- 1. The department <u>shall</u> establish a program as soon as practicable to <u>provide short-term</u> <u>assistance</u> to a person whose <u>commercial farm</u> is found to be contaminated by PFAS that may include income replacement and mortgage payments.
- 2. The department <u>may</u> establish a program to <u>fund long-term assistance</u> for <u>commercial farms</u> with agricultural land that is found to be contaminated by PFAS. The program must address a range of alternative strategies including assisting farmers with investing in equipment, facilities and infrastructure to maintain profitability during a transition to alternative cropping systems, remediation strategies, technological adaptations, solar development or other modifications to its operations; purchasing agricultural land found to be contaminated by PFAS; assisting farmers with renegotiating mortgages and lines of credit; and assisting farmers whose land is found to be contaminated by PFAS with purchasing of alternative land.
- 3. The department <u>may establish</u>, in coordination with the Department of Health and Human Services, Maine Center for Disease Control and Prevention, a PFAS medical <u>monitoring</u> and blood levels of PFAS <u>testing</u> program <u>for persons whose drinking water or agricultural land is found to be contaminated</u> by PFAS. If the department establishes a program under this subsection, the department may not require a person to show a present injury or disease to qualify for the program.
  - A. In accordance with rules adopted by the department under Title 7, section 320-K, subsection 6, the program may include payment by the department for annual testing of blood levels of PFAS and related services and diagnostic evaluations for an affected person who does not have sufficient health coverage for testing under this paragraph and related services. The program must allow the drawing of blood for the testing in a health care provider's office or by a laboratory. The program must allow a blood sample taken by a health care provider or laboratory to test for blood levels of PFAS to be sent to a facility approved by the Department of Health and Human Services.
  - B. The department may develop criteria for funding medical monitoring and health care for persons found to have blood levels of PFAS greater than the general population and when it is medically relevant to undergo periodic medical examination and health care.